60

TUDOR OAKS HEALTH CENTER

Number of Residents on 12/31/01:

P. O. BOX 901

HALES CORNERS 53130 Phone: (414) 529-0100 Operated from 1/1 To 12/31 Days of Operation: 365 Operate in Conjunction with Hospital? Number of Beds Set Up and Staffed (12/31/01): 61 Total Licensed Bed Capacity (12/31/01): 61

Ownershi p: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Title 19 (Medicaid) Certified? Average Daily Census: 58

No Yes Yes

Nonprofit Church/Corporation

Skilled

Services Provided to Non-Residents	1	Age, Sex, and Primary Diagr	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	36. 7
Supp. Home Care-Personal Care	Yes]	1 - 4 Years	46. 7
Supp. Home Care-Household Services	Yes	Developmental Disabilities	0. 0	Under 65	0.0	More Than 4 Years	16. 7
Day Services	No	Mental Illness (Org./Psy)	48. 3	65 - 74	3. 3		
Respite Care	No	Mental Illness (Other)	13. 3	75 - 84	35. 0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	38. 3	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1. 7	95 & 0ver	23. 3	Full-Time Equivaler	nt
Congregate Meals	Yes	Cancer	1. 7	<u> </u>	Í	Nursing Staff per 100 Re	si dents
Home Delivered Meals	Yes	Fractures	1. 7		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	6. 7	65 & 0ver	100. 0		
Transportati on	Yes	Cerebrovascul ar	6. 7			RNs	15. 3
Referral Service	No	Di abetes	1. 7	Sex	%	LPNs	3. 9
Other Services	Yes	Respiratory	0. 0		Ì	Nursi ng Assi stants,	
Provi de Day Programming for		Other Medical Conditions	18. 3	Male	18. 3	Ai des, & Orderlies	37. 8
Mentally Ill	No			Female	81. 7		
Provi de Day Programming for	j		100. 0		j		
Developmentally Disabled	No				100.0		
************	*****	***********	*****	, *******	*****	*********	*****

Method of Reimbursement

		Medicare Title 18			edicaid itle 19			0ther			Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	1	2. 6	228	0	0. 0	0	0	0. 0	0	1	1. 7
Skilled Care	5	100.0	251	15	93.8	107	0	0.0	0	38	97. 4	222	0	0.0	0	0	0.0	0	58	96. 7
Intermedi ate				1	6. 3	88	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	i 0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		16	100.0		0	0.0		39	100.0		0	0.0		0	0.0		60	100. 0

TUDOR OAKS HEALTH CENTER

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti	ons, Services, a	and Activities as of 12/	′31/01
beaches builting helpotering refree	-	1		9	6 Needi ng		Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	11. 7	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	1 . 7		55. 0	43. 3	60
Other Nursing Homes	10.0	Dressi ng	6. 7		80. 0	13. 3	60
Acute Care Hospitals	78 . 3	Transferring	18. 3		71. 7	10. 0	60
Psych. HospMR/DD Facilities	0.0	Toilet Use	13. 3		78. 3	8. 3	60
Rehabilitation Hospitals	0.0	Eating	63. 3		23. 3	13. 3	60
Other Locations	0.0	********	******	******	******	*********	********
Total Number of Admissions	60	Conti nence		%	Special Treatme	ents	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	3. 3	Receiving Res	spi ratory Care	0. 0
Private Home/No Home Health	8. 5	Occ/Freq. Incontinent	of Bladder	41. 7	Receiving Tra	cheostomy Care	0. 0
Private Home/With Home Health	35. 6	Occ/Freq. Incontinent	of Bowel	20.0	Receiving Suc	cti oni ng	0.0
Other Nursing Homes	0.0	_			Receiving Ost	comy Care	5. 0
Acute Care Hospitals	11. 9	Mobility			Recei vi ng Tul	oe Feedi ng	1. 7
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	0. 0	Receiving Med	chanically Altered Diets	25. 0
Rehabilitation Hospitals	0.0	1				•	
Other Locations	1. 7	Skin Care			Other Resident	Characteri sti cs	
Deaths	42. 4	With Pressure Sores		5. 0	Have Advance	Di recti ves	100. 0
Total Number of Discharges		With Rashes		5. 0	Medi cati ons		
(Including Deaths)	59	ĺ			Receiving Psy	choactive Drugs	51. 7

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

		Ownershi p: Nonprofi t Peer Group		Bed	Si ze:	Li c	ensure:		
	Thi s			50	- 99	Ski	lled	Al	Ĺ
	Facility			Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95. 1	88. 9	1. 07	86. 3	1. 10	82. 7	1. 15	84. 6	1. 12
Current Residents from In-County	83. 3	88. 1	0. 95	89. 4	0. 93	85. 3	0. 98	77. 0	1. 08
Admissions from In-County, Still Residing	28. 3	22. 9	1. 24	19. 7	1. 44	21. 2	1. 34	20. 8	1. 36
Admi ssi ons/Average Daily Census	103. 4	129.6	0. 80	180. 6	0. 57	148. 4	0. 70	128. 9	0. 80
Discharges/Average Daily Census	101. 7	133. 7	0. 76	184. 0	0. 55	150. 4	0. 68	130. 0	0. 78
Discharges To Private Residence/Average Daily Census	44. 8	47.6	0. 94	80. 3	0. 56	58. 0	0.77	52. 8	0. 85
Residents Receiving Skilled Care	98. 3	90. 5	1. 09	95. 1	1.03	91. 7	1. 07	85. 3	1. 15
Residents Aged 65 and Older	100	97. 0	1. 03	90. 6	1. 10	91. 6	1.09	87. 5	1. 14
Title 19 (Medicaid) Funded Residents	26. 7	56. 0	0.48	51. 8	0. 52	64. 4	0.41	68. 7	0. 39
Private Pay Funded Residents	65. 0	35. 1	1.85	32. 8	1. 98	23. 8	2. 73	22. 0	2. 95
Developmentally Disabled Residents	0. 0	0. 5	0.00	1. 3	0.00	0. 9	0.00	7. 6	0.00
Mentally Ill Residents	61. 7	30. 9	1. 99	32. 1	1. 92	32. 2	1. 91	33. 8	1. 83
General Medical Service Residents	18. 3	27. 3	0.67	22. 8	0.80	23. 2	0. 79	19. 4	0. 94
Impaired ADL (Mean)	49. 0	50. 3	0. 97	50. 0	0. 98	51. 3	0. 96	49. 3	0. 99
Psychological Problems	51. 7	52.4	0. 99	55. 2	0. 94	50. 5	1. 02	51. 9	1.00
Nursing Care Required (Mean)	5. 2	7. 1	0. 74	7. 8	0. 67	7. 2	0. 72	7. 3	0.71